

## FERENCE & ASSOCIATES

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### USPTO FACSIMILE COVER SHEET

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: December 21, 2006  
Pages: 17 pages (including this cover sheet)

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#### MESSAGE:

#### METHOD AND APPARATUS FOR INTERNET CUSTOMER RETENTION

Application No. 09/804,728

Examiner Y. Retta

Art Unit 3622

Amendment Transmittal

Petition and Fee for Extension of Time

Amendment

696.005

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FERENCE & ASSOCIATES  
Amendment Transmittal

Atty. Docket No. 696.005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Srinivasan et al.  
Serial No. : 09/804,728 Examiner : Y. Retta  
Filed : March 13, 2001 Group Art Unit : 3622  
For : METHOD AND APPARATUS FOR INTERNET CUSTOMER  
RETENTION

HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

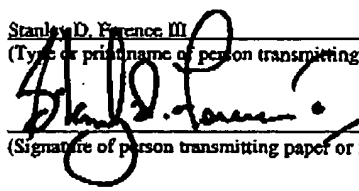
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Applicants claim Small Entity status under 37 C.F.R. 1.27.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on December 21, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III  
(Type or print name of person transmitting paper or fee)

  
(Signature of person transmitting paper or fee)

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Atty. Docket No. 696.005

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5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total	13	** 20	= *	x \$25	=	O	x \$50	= 0
Claims						R		
Ind.	2	*** 3	= * 0	x \$100	=	O	x \$200	= 0
Claims						R		
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O	+ \$360	=
						R		
				<u>TOTAL</u>	= \$0	O	<u>TOTAL</u>	= \$
						R		

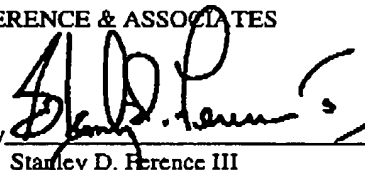
- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.

Respectfully submitted,

FERENCE &amp; ASSOCIATES

By

  
Stanley D. Ference III  
Reg. No. 25,879

Dated: December 21, 2006

Mailing Address:

Customer No. 35195  
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